

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/542,176
	Filing Date	01/06/2006
	First Named Inventor	Borcherng Hong
	Art Unit	
	Examiner Name	
	Attorney Docket Number	AUSP1100/US/1

24-504

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 69495

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 69495

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Borcherng Hong		
Date	Telephone	760-599-1800	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF
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SIGNATURE of Applicant or Assignee of Record

Signature

Name

Vishal P. Chavan

Date

10-10-07

Telephone

760-599-1800

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Application Number	10/542.176
Filing Date	01/06/2006
First Named Inventor	Hong Borchertg
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Examiner Name	
Attorney Docket Number	AUSP1100/US/1

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SIGNATURE of Applicant or Assignee of Record

Signature

Name

Sepehr Sarshar

Date

August 16, 2007

Telephone

760-599-1800

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Attorney Docket Number	AUSP1100/US/1

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Zhong-Yi Chen</i>
Name	Zhong-Yi Chen

Date	<i>2007/10/22</i>	Telephone	760-599-1800
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Application Number	10/542,176
Filing Date	01/06/2008
First Named Inventor	Borcheng Hong
Art Unit	
Examiner Name	
Attorney Docket Number	AUSP110Q/US/1 (APX0024-201US)

2/504

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

☒ I hereby appoint the practitioners associated with the Customer Number:

69485

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Individual Name

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Anumugam Nagesrajan

Name

Anumugam Nagesrajan

Date

12 Oct - 2007

Telephone

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This collection of information is required by 37 CFR 1.58. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Statement under 37 CFR 3.73(h) is enclosed (Form PTO/SB/36)

SIGNATURE of Applicant or Assignee of Record

Signature

(Signature)

Name

Kottari Rudresha

Date

10/03/2007

Telephone

760-699-1800

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